## 2018 District 7 Dirt Track (ADULT)

Please mail the application and fee to:

AMA District 7
P.O. Box 205
White Hall, MD 21161



For Questions, please call

Membership: \$30			
Check Appropriate Class Pro B A			
AMA #	EXPIRATION DATE	/	# OF YEARS AMA
NAME			
FIRST	LAST		
DATE OF BIRTH	AGE		SEX M F
ADDRESS			APT
CITY		STATE _	ZIP
CELL PHONE	-		
EMAIL ADDRESS			
RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEN motorcycling events and further acknowledges that such inj the conduct of such events. Applicant hereby assumes all whether or not such cause is attributable to the negligence	ury and damage can be caused by the risk of loss, damage or injury (including	negligent acts and	domissions of persons and organizations connected with
Applicant hereby releases, discharges, and agrees to hold organizations, promoters, officials, fellow participants, land omission or otherwise resulting in personal injury or prope while upon, entering or departing from the premises upon v	owners, and those acting in their supp rty damage to applicant, applicant's pr	ort or on their be	half from any and all liability arising by a negligent act or
You MUST initial here to indicate that you have com upon completion of this application, payment of above fee With this card, you will be eligible to earn D7 series points. application are true and correct.			
	DATE:		
Signature of Rider  VEARLY MEMBERSHIP FEE MUST ACCO		AMER	ICAN MOTORCYCLIST ASSOCIATION